

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/434 708	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1		
2		1					52	1		
3		1					53	1		
4	1						54	1		
5		A					55			
6		A					56			
7		X					57			
8	X						58			
9	X						59			
10		1					60	①		
11		1					61	1		
12		3					62			
13	X	X					63			
14	X						64			
15	X						65			
16	X						66			
17		4					67			
18	X						68			
19	X						69			
20	X						70			
21		3					71			
22		1					72			
23		X					73			
24	X						74			
25	1						75			
26	X						76			
27	X						77			
28	X						78			
29	X						79			
30	X						80			
31	X						81			
32	X						82			
33	X						83			
34	1						84			
35	X						85			
36	X						86			
37	X						87			
38	X						88			
39	X						89			
40	X						90			
41	X						91			
42	X						92			
43	X						93			
44	X						94			
45	X						95			
46	X						96			
47	X						97			
48	X						98			
49	X						99			
50	1						100			
TOTAL IND.							TOTAL IND.	9		
TOTAL DEP.							TOTAL DEP.	16		
TOTAL CLAIMS							TOTAL CLAIMS	25		